

# Iowa Eligibility Application

FFY 06-07

School Year 06-07

Complete one application per household. Each foster child is a household of one.

## Part 1. Check all applicable boxes:

- ☐ school meals  
☐ special milk (restrictions apply)  
☐ foster child (ONE APPLICATION PER CHILD)
- ☐ children in center  
☐ tier I home provider (HP)  
☐ Head Start/Even Start
- ☐ children in home child care (HP)  
 Provider name: \_\_\_\_\_

## Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.

List name(s) of all child(ren) enrolled. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

**Race:** A=Asian, B=Black or African American, I=American Indian or Alaska Native,  
P=Native Hawaiian or other Pacific Islander, W=White, O=Other

**Ethnicity:** H=Hispanic or Latino,  
N= Non Hispanic or Latino

Last Name	First Name	Middle Name or Initial	Date of Birth	Grade	Race and Ethnicity (Optional)	School/ Head Start/ Child Care Center	FIP Case Number (1 per child)	Food Assistance Case Number (1 per family)
1								
2								
3								
4								
5								

**NOTE: REFER TO NOTICES OF DECISION FOR CASE NUMBERS.**

## Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2.

Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take home pay. Report all other monthly income received. Self employed persons, see the worksheet on reverse side.

List the names of <u>everyone</u> living in your household, including the children listed in Part 1. Attach a separate page if more space is needed.		Age	Check if NO income	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income		
				Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare Child Support Alimony Adoption Subsidies	Pension, retirement, social security, VA	All other income
Last Name	First Name									
1			<input type="checkbox"/>							
2			<input type="checkbox"/>							
3			<input type="checkbox"/>							
4			<input type="checkbox"/>							
5			<input type="checkbox"/>							
6			<input type="checkbox"/>							
7			<input type="checkbox"/>							

My Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

☐ I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. **See Privacy Act Statement in the parent letter.**

## Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form

Printed Name of Adult Completing Form

Date Signed

Address of Adult Completing Form

Town and ZIP

Work Phone

Home/Cell Phone

## Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12

Household Income: \$ \_\_\_\_\_ ☐ Weekly ☐ Every 2 Weeks ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size \_\_\_\_\_

**Application Approved:** ☐ Income ☐ FIP/Food Assistance ☐ Foster ☐ Automatic Eligibility (CACFP HP only)  
☐ Temporary Approval (zero income) expires in 45 days on \_\_\_\_\_ ☐ Homeless/Migrant (Schools only)

**Eligibility Determination:** ☐ Free Meals ☐ Reduced Price ☐ Tier 1 Area (CACFP HP only) ☐ Tier 1 Income (CACFP HP only) ☐ Free Milk

**Application Denied:** ☐ Incomplete ☐ Over income limits

Determining Official Signature

Effective Date

Confirming Official Signature (Schools only)

Date

Follow-Up Official Signature (Schools only)

Date

**hawk-i/Medicaid Information Form**

Read this information and **sign if you decide you do not want** your name released to **hawk-i** or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free and reduced price meals. If you do **NOT** want your information shared with Medicaid or **hawk-i**, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

**I DO NOT** want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Self-Employment Income Worksheet**

**This worksheet will assist you in calculating the amount to report if you engage in farming, a proprietorship or have income from other sources.**

Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year, making it impossible to predict monthly income with any accuracy, may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. For example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free or reduced price meals would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 in the following manner. Lines 13 and 14 should only be used once if you are engaged in two or more types of business activities.

**Farming Income** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss) \$ \_\_\_\_\_

Line 14 - Other gains or (losses) \$ \_\_\_\_\_

Line 18 - Farm income or (loss) \$ \_\_\_\_\_

Total A \$ \_\_\_\_\_\*

**Proprietorship Income** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 12 - Business income or (loss) \$ \_\_\_\_\_

Line 13 - Capital gain or (loss) \$ \_\_\_\_\_

Line 14 - Other gains or (losses) \$ \_\_\_\_\_

Total B \$ \_\_\_\_\_\*

**Income from Other Sources** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss) \$ \_\_\_\_\_

Line 14 - Other gains or (losses) \$ \_\_\_\_\_

Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc. \$ \_\_\_\_\_

Total C \$ \_\_\_\_\_\*

\*Total A + Total B + Total C = \_\_\_\_\_ ÷ 12 = \_\_\_\_\_

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of Iowa Free and Reduced Price Meal and Free Milk Application.